



SPORTS ORTHOPAEDIC SPECIALIST

TREATING ACTIVE PEOPLE OF ALL AGES

About your knee arthroscopy

Arthroscopy is the technical term for using keyhole surgery to look inside the knee. A knee arthroscopy can involve just looking, in which case it is very quick and you usually recover fast, or it can involve doing some work in the knee at the same time. Hence not all arthroscopies are equal and the recovery can vary from patient to patient.

Common procedures:

Meniscectomy: This is the term we use to describe trimming of a torn meniscus (the rubbery shock absorbing cushions in the knee that get torn). There are two of these in the knee, the medial (in the inside of the knee) and the lateral on the outside of the knee. Medial meniscectomy is more common and the recovery tends to be a bit faster than lateral meniscectomy.

Meniscal repair: This means stitching back a torn meniscus using tiny stitches inside the knee. Sometimes just one stitch is needed but sometimes lots. The surgery generally takes a bit longer (20-30mins) and the recovery is slower. Depending on the tear you may be asked to use a brace after surgery and you will almost always be asked to avoid 'loaded flexion'. This means squatting down on the knee for example to tie your shoes.

Microfracture: This is a technique to repair damage to the smooth slippery articular cartilage lining that makes the joint move freely. It involves making little holes in the patches of bare bone to allow bone marrow to leak out. The idea is that stem cells in the bone marrow fill the hole in the articular cartilage and gradually turn in to new cartilage, or at least to a scar covering the bare area. A bit like sowing seeds in the garden, once they have been put there the area needs to be protected while they grow. For this reason you will often be asked to be 'Non weight bearing' which means using crutches and not taking any weight on the leg, or on occasion be asked to use a brace.

Fat pad trimming: This involves reducing the size of a very sensitive inflamed structure called the fat pad. It can be quite sore and swollen after this surgery for 4-6 weeks and this is normal. Do not be too worried if recovery seems to be taking a long time if this is what you have had done.





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After your knee arthroscopy

There are a few simple instructions to follow after your surgery to make sure you have a smooth recovery. Mr Willis-Owen will have told you about these after the operation but there is a lot to take in, so please read them and follow them.

Sometimes the nurses may tell you something different – stick to what Mr Willis-Owen has told you and what is on this sheet!

- 1) Pain killers: Take both lots the first night no matter how good or bad you feel. After this take only as and when needed. The Co-codamol can make some people feel sick or constipated and you can switch this for normal Paracetamol if so. Stop the pain killers as soon as you are comfortable.
- 2) Remove your own bandage at about 48 hours after the surgery. Do not remove the waterproof sticky dressings underneath. Keep these original dressings until your clinic appointment at 2 weeks. They will be stained with dried blood. This is normal. If they become loose or tatty please put the spare dressings over the top. They should survive showering, or a bath with the knee kept out of the water.
- 3) When the bandage is off please use the tubigrip doubled up on the knee to apply compression. This helps with swelling. Ice packs can be useful too.
- 4) Do as little or as much as you feel able. If it hurts or swells do less. If it feels ok then it is ok!
- 5) Wear the compression socks. These are to prevent blood clots. If you are at high risk you may be given blood thinning medicine too. Use this as instructed.





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Problems

Problems after knee arthroscopy are rare, but not impossible. If there are any problems let Mr Willis-Owen know! Email him with your telephone number:

appointments@willis-owen.co.uk

If its urgent then call the hospital where you had surgery.

If it is really urgent get you any Accident and Emergency department!

It is very rare to have any problems but things to look out for are:

1. DVT – Deep Vein Thrombosis: A blood clot in the calf, this would manifest and pain, swelling and tightness in the calf coming on after a few days.
2. PE – Pulmonary Embolus: This is **really rare** but can be very serious. This is when a blood clot from the leg travels to the lung and blocks arteries in the lung. It can make you feel short of breath, have pain in the chest, or even to cough up blood. If any of these things happen you need to get checked out in Accident and Emergency.
3. Bleeding: Bleeding into the knee makes it really swollen and painful. It becomes hard to move it at all. This needs the blood drawing off.
4. Infection: This is **rare** but causes swelling heat and difficulty moving the knee. It comes on after several days, you may have a fever and feel unwell. This can be serious. You may need blood tests and to have fluid drawn off the knee for testing. If infection is confirmed the you will need more surgery to clean the knee out. It is best dealt with promptly!

If you are worried then let Mr Willis-Owen know by email and include your phone number. He will remember you and will be in touch shortly to discuss your concerns. He would always rather know if you are worried and most problems can be solved quickly and easily.

